

TITLE IV
Drug Free Schools and Communities Act
FEDERAL PROJECT COMPLETION REPORT

SYSTEM _____

PROJECT NO. _____

DATE OF REPORT _____

PROJECT RECONCILIATION:

- A. Cash Received from State Department of Education for this project \$ _____
- B. Less: Total Expenditures for this project \$ _____
- C. Unused Balance \$ _____

*(If refund is applicable, make checks or warrants
payable to: TREASURER, STATE OF TENNESSEE)*

CERTIFICATION

I hereby certify that the information contained in this project completion report is correct to the best of my knowledge and belief that funds were properly obligated and expended during the approved project operation time period.

For Carryover Projects Only

Total Grant Award _____

Less Expenditures _____

Total Carryover _____

Signature of Superintendent

Date Signed

MAIL ORIGINAL AND ONE COPY OF THIS REPORT, with refund check, if applicable,
OFFICE OF LOCAL

6th Floor, Andrew Johnson Tower
710 James Robertson Parkway
Nashville, Tennessee 37243-0375